# Los Angeles County Sheriff's Department Officer Involved Shooting

Officer Involved Shooting

1 of 5

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Report Date: July 6, 201	Bureau/Station/Fa	Lakewood Statio	n		Admit. Inves	it?	it? 🗸
		Incident Informat	lion			1,622 - Co.A. Straight Co.	
URN: 015	5-13249-1321-013	Date:	July 6,	2015	Time:	1045 h	ours
City or Station:	Lakewood	Nature of Incident:  Deputies Saav	ndra la	shacon Col	orio and Rite	Noe shot Sin	enact
Adenmoor Av	venue, Lakewood	John Berry who					
Location Type (check one or more):  Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rurat School	Lighting (check only one)  Darkness  Darkness  Daylight  Other  Stroet Lights  Weather (circle only one)  Clear  Cloudy  Fog  Rain	Incident Type (chec) Accidental Armed Person Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush: Startle Struggle involved Traffic Stop Unarmed Person Unintentional	f	orej:	Initiated by (chec Arrest Warrar Call Observation One Person L Other Search Warra Two Person (chec Prior Activity (che	init init init inck only one):	
Othes:	Distance: less than 12'	Vehicle Pursuit			Other Routing Patro		
Total # of Shote Fired by Do		Warrant Service Warring Shot Other:			Aero Unit?	Canine U	init?
		Employee Witnes	ses				
	Last Name Jobling	First Name James	M.I.	ShiftTime (chec	☑ Day ☑ Re	ype (check only or gular Overtime ype (check only or	Off Duty
Employee #	Santoyo	First Name Sergio	A.		✓ Day ✓ Re	gular Overtime	Off Duty
Employee #	Last Name Oberle	First Name Grant	M.E	ShiftTime  chec		ype (check only o gular Overtime	ine): Off Duty
		Non-Employee Witi					pathilities
Last Name (See He	omicide Investigation Boo	ok, Exhibit A)	First	lame		J.J.	
Street Address		ity	Zip C	ode Vk	irk Ph	Hame Ph	
Last Name			First	Yame		M,IL	
Street Address	0	lity	Zip C	ode W	ork Ph	Home Ph	-
Last Name			First !	Varne		M.I.	
Street Address		ity	ZIp C	ode VV	ork Ph	Home Ph	
		Supervisors	of some state			- diagram &	
Employee # Last Na	Jobling	First Name James	MJ.	Check one of On Duty Present d	more): uring shooting	✓ Witness to	
Employee # Last Na	ame	First Name	M.I.	Check one of On Duty Present d	more): uring shooting	☐ Witness to	
		Watch Sergea					
Employee#	ast Name	artin	F	irst Name	Jenny		M.L
		Watch Comman	der				Keri 2
Employee #	ast Name	oses		irst Name	Steven		M.I. J.
	101			100			

	PSTD Use Only	
SH#	2382110	

### Officer Involved Shooting W:

015-13249-1321-013

				F	Rollout Information		Sheri A		
Arriva	June 6, 2015	A	nyal Time 1210	hours	Date Submitted 08-	15-17	Date of Recommendation		
Ermolo	Last Na	me		Denis	боп	First Name	Trent		.kM
Emple	yee # Last Ne	mis		Rive	er e	First Name	Terisa		M.I.
Emple	yes # Last Na	me		Flore	es	First Name	David		M.i.
				Shoot	ing / Force Inform	ation			
Meth	. 11					Туре	of Injury	Body	Part Injured
(8 (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Arwen Baton:(Control) Baton:(Impacl) Bodity Fluids Canine Carotid Restrain! Chake Hold Control Holds:(Control Te Control Holds:(Taxam Taki Control Holds:(Taxam Taki Control Holds:(Taxam Taki Control Holds:(Taxam Taki Chemical Agents (OC Spi Chemical Agents (Tear G Explosives Firearm (Handgun) Firearm (Firle) Firearm (Shotgun) Firearm (Other) Flashbang Plashlight Other Weapon: Edged	edown)	(OB) Oth (OO) Oth (PK) Per (PS) Per (PM) Per (PM) Per (PM) Per (PM) Per (RS) Res (CM) Res (RH) Res (RH) Res (RH) Res (SM) Shirt (SM) Shirt (SM) Sturies (ST) Sturies (TR) Tas	er Weapo sonal Wes sonal Wes sonal Wes sonel Wes sonel Wes instance thrant Dev traint Dev traint Dev ind mn Stinger g Ball n Bag	n: Blunt Object n: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) nice (Capture Net) nice (Handcuffs) nice:Hobbie (Legs Only) nice: REACT Belt	(AB) (BR) (CP) (CO) (DH) (DI) (DB) (FR) (CS) (HB) (LC) (CD) (CD) (CD) (CD) (CD) (CD) (CD) (C	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AK) (BT) (CH) (EL) (FA) (FE) (GR) (HE) (IN) (LE) (IN) (LE) (SH)	Abdoman Ankla Arm Back Buttocks Chest Elbow Face Fest Fingers Genitals Groin Hand Head Hip Internal Knass Leg Neck Shoulder
(AK) (BR) (BR) (CH) (CO) (CA) (GL) (HA) (HK) (IF)	AK-47 Benell! Beretts Browning Charter Arms Colt Davis Industries Glock Harpngton & Richardson Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Iver Johnson Jenninga Lorcin Luger Marlin Mossberg NCI aka SKS North American Norinco Remington RG	(RO) (SW) (SR) (SS) (ST) (TA) (WE) (WN) (US) (YY) (XX) (ZZ)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(10) 10 (12) 12 (20) 20 (21) .2 (22) .2	Refused Med Treatment NONE  87 8 mm (24) .243 ca 9 mm (25) .25 cali 2 guage (30) .308 ca 9 guage (35) .357 cs 2-250 (38) .36 cal 22 caliber (38) .38 cal 23 caliber (40) .40 cali	ber (diber (dibe	What  41) 410 guage  44) 44 caliber  45) 45 caliber  50) mm  Slug  WW) Other calibe

#### FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S	E1-4	RS					NN	
S	E1	PK					CP	CH
S	E2	PK			1		CP	LE
S	E3	PK					CP	LE
S	Dep. Oberle	OV			Ì		AB	LE
E1	S	OC					NN	FA
E1	S	FH	SW	9	Y	Y	GS	CH
E2	S	TR					NN	CH
E2	S	FH	SW	9	Y	Y	GS	CH
E3	S	OC					NN	FA
E3	S	BI					AB	LE
E3	S	FH	SW	9	Y	Υ	GS	CH
E4	S	FL					NN	HD
E4	S	FL					NN	FA
E4	S	FH	SW	9	Y	Υ	GS	СН
		-						

# Officer Involved Shooting Involved Employee Information

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Hospir Hrs of a Age: Range Certific Used? Wespo Brand Field T Field T  E 2 Emplo	Race:  W me (circle antly are)    PM	5'09" 190 Patrol Certification? retta Caliber 9m	Correction of Control	is no Vest   Ris w/Vest   No Vest   Ris w/Vest   Ris w/Ve	rood	Substance U Coroner Cas Other Factor	6#	etc.)
Shift Tin  EM  Hospi  Hrs of s  Age:  Range  Certific  Used?  Wespo  Brand:  Field T  Field T  E 2  Emplo  Sex:  Manual Sex:  Shift Tir  EM  Hospi	ne (circle only one)  I PM	DSG ShiftType (chrcle only onl) Regular Overtime Hospital Name:  G. Duty Time (hrs)  Weight: 190  Patrol Certification?  retta  Caliber 9m  act Name	Clothing (eircle Phan Clothin Raid Incloth PPC Qualificat Certification I	takew  control of the	Jage? Jacket w/ Vest Inform nd Vest Inform w/ Vest	Substance U Coroner Cas Other Factor	1328 and: of # s: or Training Date: Number of Prior	interviowed?
Hospi Hrs of a Age: Range Certific Used? Wespo Brand Field T Field T  E 2 Emplo	Admission?  sleep prior to shooting the shoo	Regular   Overtime     Hospital Name:   Duty Time /hrs     Duty Time /hrs     S'09"   Weight     190     Patrol Certification?     retta   Caliber 9m	Off Duty Inter  Cor  Clothing (eircle  Phan Clothin Raid Incloth  PPC Qualificat  Certification Interest	roner Case? [ e anly one): is no Vest   P is w/ Vest   r no Vest   V ition Date:  Unit:	taid Jacket w/ Vest Inform nd Vest Inform w/ Vest Prior Shoot	Coroner Cas Other Factor	e # s: er Training Date:	
Age: Range Certific Used? Weapor Brand: Field T Field T  E 2 Emplo Sex: A ShiftTir	steep prior to shooting the sho	Hospital Name:  g. Duty Time /hrs)  5'09"  Patrol Certification?  retta  Caliber 9m  aut Name	Clothing (eincle Phain Clothin Phain Clothin Raid Incloth PPC Qualificat Certification I	e anly one) is no Vest no Vest ation Date:	Inform nd Vest Inform w/ Vest Prior Shoot eapons Fined	Other Factor	er Training Date:	
Range Certific Used? Wespo Brand Field T Field T  E 2 Emplo Sex: N ShiftTir	Qualification Date; ed with Weapon ons Fired Be fraining Officer Emp	5'09" 190 Patrol Certification? retta Caliber 9m	Plain Clothe Plain Clothe Raid Jacket PPC Qualification	is no Vest   Ris w/Vest   No Vest   Ris w/Vest   Ris w/Ve	Inform nd Vest Inform w/ Vest Prior Shoot eapons Fined	Las	er Training Date:	Directed Force;
Range Certific Used? Wespo Brand: Field T  Field T  Sex: N  ShiftTir  EM  Hospi	Qualification Date: ed with Weepon ons Fired Be fraining Officer Emp	Patrol Certification?  retta  Caliber 9m	PPC Qualification	unit:	Prior Shoot		Number of Prior	Directed Force:
Used? Wespo Brand: Field T  Field T  Sex: ShiftTir	ons Fired Be freining Officer Emp	retta Caliber 9m	# Chate	- W	eapons Fired	inga?		Directed Force:
Weapon Brand: Field T Field T  Field T  Sex: N  ShiftTir	ons Fired Be freining Officer Emp	# Last Name	* Shots					
Field T  E 2 Emplo  Sex: A  ShiftTir  Hospi	raining Officer Emp						Caliber	# Shots
Sex: N		Last Name		_				43.1
Sex: N ShiftTir	was di					First Name		M.I.
ShiftTir EM Hospi	Aces	Last Name	Sc	olorio		First Name	Robei	rt M.I. Jr
☐ EM Hospe	A Race: H	Rank: DSG		Assignment: Lakev	wood	Work Assign	ment (Unit #, Module, 132T	etc.):
Hospe	TO PM Day	ShiftType (circle only one)  Regular Overtime		occation/Drug	Usage?	Substance U	sed:	
Hrs of	ital Admission?	Hospital Name:	Con	roner Case? [		Coroner Cas	#	Interviewed?
Age:	sleep prior to shooti 6-7 Height:	5'11" Weight 180	Clothing (circle Plain Clothe Raid Jacket	se no Vest	Rasd Jacket w/ Vest Inform no Vest Uniform w/ Vest	Other Factor	S:	
Range	Qualification Date:		PPC Qualifica	-		Las	er Training Date:	
Used?		Patrol Certification?	Certification		Prior Shoo	otings?	Number of Prior Shootings:	Directed Force:
Brand.		1&P Caliber 9n	nm # Shots		eapons Fired and:	F1 - A1	Caliber	# Shots
	Training Officer Emp					Einst Name		MI
Field	raining Omear Emp				in in the second		: "A A - A - A - A - A - A - A - A -	
E 3 Emplo	Race:	Last Name	Unit	Assignment		First Name	Anthormant (Unit #, Module, 1320	etc.)
	me (circle only one):	ShiftType (circle only one	).	Lake\	-	Substance L		,
Hosp	H PM Day	Regular Overtime Hospital Name:	On Duty!	roner Case?	7	Coroner Car	so #	Interviewed?
Hrs of	sleep prior to shooti 6-8	ng: Duty Time (hrs):	Clothing (circl		Raid Jacket w/ Vest	Other Factor	15)	
Age:	Height:	5'10" Weight: 215	Plain Glothe	es w/ Vagt	Uniform no Vest Uniform w/ Vest			
Range	Qualification Date:		PPC Qualific	ation Date:		Las	er Training Date	
Weap	ons Fired	Patrol Certification?  Caliber 9th	Certification # Shots	15 14	Prior Sho leapons Fired	otings?	Shootings: Caliber	Directed Force: # Shots
Brand Field 1				В	rand:	Elect Marie		MI
Field 1	Fraining Officer Emp					First Name		M.I.

## Officer involved Shooting Involved Employee Information

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		, m· , ·	Involve	d Emplo	yee	First Nar		MI
Employee #	ast Name					First Nar	ne	MI
Sex: M Race: H	Rank: DSG		Unit Assignme	ent. ikewood		Work Assi	gnment (Unit #, Module, 132T	etc.): 2
ShiftTime (circle only one);  EM PM Day	ShiffType (circle only one):    Regular   Overtime		Intoxication/D	nig Usage?		Substance	Used:	
Hospital Admission?	Hospital Name:		Coroner Cas	4?		Coroner C	Case #	Interviewed?
Hrs of sleep prior to shooti 8 Age: Height	6'01" Weight: 230	Plain Plain	(circle only one Clothes no Vest Clothes w/ Vest Jacket no Vest			Other Fac	tors:	
Range Qualification Date:		PPC Qu	alification Date	E .		F	aser Training Date:	
Certified with Wespon Used?	Patrol Certification?	Certific	stion Unit:		Prior Shoot	tings?	Number of Prior Shootings	Directed Force:
Weapons Fired Brand:	M&P Caliber 9m	m #S	hots 9	Weapons Brand:	Fired		Caliber	# Shots
Field Training Officer Emp	# Last Name					First Nam	16	M.J.
Field Training Officer Emp	# Last Name					First Nam	ne -	M.I.
Employee #	Last Name	-				First Ner	ne	M.I.
Sex: Race:	Rank.		Unit Assignme	ent		Work Assi	gnment (Unit #, Module,	etc.):
ShiftTime (circle anily one)  EM PM Day	ShiftType (circle only one) Regular Overtime		Intoxication/D	rug Usage!		Substance	) Used:	
Hospital Admission?	Hospital Name:	,,	Coroner Cas	67		Coroner C	ase #	Interviewed?
Hrs of sleep prior to shoot!  Age: Height:	ng: Duty Time (hrs); Weight:	Plain Plain	(circle only one Clothes no Yest Clothes w/ Vist	Reid Jec		Other Fac	tors:	
Range Qualification Date:			Jacket no Vest alification Date	Uniform	w/ Vest	L	aser Training Date:	
Certified with Weapon	Patrol Certification?	Cartifica	ation Unit:		Prior Shoo	otings?	Number of Prior Shootings:	Directed Force:
Weapons Fired Brand	Caliber	#S	hots	Weapons Brand	Fired		Caliber	# Shots
Field Training Officer Emp	# Last Name			5,50		First Nam	18	M.I.
Field Training Officer Emp	Last Name		- 67 6			First Nam	18	M.L.
Employee #	Last Name					First Nar	na en	MJ.
Sex: Race:	Rank:		Unit Assignm	ent		Work Assi	gnment (Unit #, Module,	etc.):
ShiftTime (circle only one):	ShiftType (circle only one): Regular Overtime		Intoxication/C	Orug Littage	, 🗆	Substance	used:	
Hospital Admission?	Hospital Name:		Coroner Cas	ie? 📋		Coroner	Case #	Interviewed?
Hrs of sleep prior to shooti	ng: Duty Time (hrs):		(chale only one Ciothes no Vest		ket w/ Vest	Other Fac	tors:	1
Age: Height	Weight:	Plan	Clothes w/ Vest Jacket no Vest	Uniform				
Range Qualification Date:			alification Date			L	aser Training Date:	
Certified with Weapon Used?	Patrol Certification?		ston Unit:	Line.	Prior Sho	otings?	Number of Prior Shootings:	Directed Force:
Weapons Fired Brand	Caliber	#8	hote	Weapons Brand:	s Fired		Catiber	# Shots
Field Training Officer Emp	# Last Name					First Nam	na .	M.I.
Field Training Officer Emp	# Last Name					First Nam		M.L

### Officer Involved Shooting Suspect Information

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	Aller Aller	Tana S	uspect l	nformation		
1	Last Name	Berry		First Name	John	M.E. L.
	AKA Last Name			First Name		M.1.
1	Sex M Race W	Street Addres		City		State V Am Pode
ľ	Work Phane:	Home Phone;	Social Sec	urity #:	Driver's License #	
	Age: 29 D.O.B. 01-23-84	Height: 6'01" Weight: 175	FBI#		CII #	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case # 2015-04657		Introducation/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness? ✓	Criminal History?	
	Vehicle Make Model BMW, two door sedan, 200		Paro	le: Probation;	Prior Felony	Conviction:
	Last Name			First Name		M.L.
	AKA Last Name			First Name		M.I.
	Sex: Race:	Street Address:		City	-	State & Zip Code:
	Work Phone:	Home Phone.	Social Sec	curity #:	Driver's License #:	S 80
	Age: D.O.B.	Height: Weight:	FBI#		Cli#	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case#		Intoxication/Drug Usage?	Substance Used:	
	Colonel Case,					
		Apprehended?		Mental Illness?	Criminal History?	
	Armed? Vehicle Make Model	Apprehended? Year,	Paro		Criminal History? Prior Felony	Conviction:
	Armed? Vehicle Make Model		Paro	le: Probation:		Conviction:
	Armed?		Paro			
	Armed? Vehicle Make Model Last Name  AKA Last Name	Year,	Paro	le: Probation:  First Name  First Name	Prior Felony (	M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:	Year, Street Address:		First Name First Name City	Prior Felony (	M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Year, Street Address: Home Phone:	Social Sec	First Name First Name City	Prior Felony ( Driver's License #:	M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address: Home Phone: Height: Weight:		First Name First Name City	Prior Felony (	M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge:	Social Sec	First Name First Name City	Prior Felony ( Driver's License #:	M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City Surity #:  Secondary Charge:	Prior Felony ( Driver's License #: Cit # Substance Used:	M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City  Secondary Charge:  Interfaction/Drug Usage?  Mental Illness?	Prior Felony ( Driver's License #: Cil # Substance Used: Criminal History?	M.I.  M.I.  State & Zip Code;
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	Prior Felony ( Driver's License #: Cit # Substance Used:	M.I.  M.I.  State & Zip Code;
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City  Secondary Charge:  Interfaction/Drug Usage?  Mental Illness?	Prior Felony ( Driver's License #: Cil # Substance Used: Criminal History?	M.I. State & Zip Code: Conviction:
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City  Secondary Charge:  Intextication/Drug Usage?  Mental Illness?  Probation:	Prior Felony ( Driver's License #: Cil # Substance Used: Criminal History?	M.I. M.I. State & Zip Code:
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name  First Name  City  Secondary Charge:  Intextication/Drug Usage?  Mental Illness?  Probation:	Prior Felony ( Driver's License #: Cil #  Substance Used: Criminal History? Prior Felony (	M.I. State & Zip Code: Conviction:
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sec	First Name  First Name  City  Secondary Charge:  Intextication/Drug Usage?  Mental Illness?  Probation:  First Name  First Name  City	Prior Felony ( Driver's License #: Cil #  Substance Used: Criminal History? Prior Felony (	M.I.  M.I.  State & Zip Code;  Conviction;  M.I.  M.I.
	Armed?  Vehicle Make Model  Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:	Social Sec FBI #	First Name  First Name  City  Secondary Charge:  Intextication/Drug Usage?  Mental Illness?  Probation:  First Name  First Name  City	Prior Felony ( Driver's License #:  Cit #  Substance Used:  Criminal History?  Prior Felony (	M.I.  M.I.  State & Zip Code;  Conviction;  M.I.  M.I.
	Armed?  Vehicle Make Model  Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone:	Social Sec	First Name  First Name  City  Secondary Charge:  Intextication/Drug Usage?  Mental Illness?  Probation:  First Name  First Name  City	Prior Felony ( Driver's License #:  Cit #  Substance Used:  Criminal History?  Prior Felony (  Driver's License #:	M.I.  M.I.  State & Zip Code:  Conviction:  M.I.  M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:  Street Address: Home Phone: Height: Weight.	Social Sec	First Name First Name City  Secondary Charge:  Intestication/Drug Usage?  Mental Illness?  Probation:  First Name First Name City  City	Prior Felony ( Driver's License #:  Cit #  Substance Used:  Criminal History?  Prior Felony (  Driver's License #:	M.I.  M.I.  State & Zip Code:  Conviction:  M.I.
	Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:  Street Address: Home Phone: Height: Weight: Primary Charge:	Social Sec	First Name  First Name  City  Secondary Charge:  Intextication/Drug Usage?  Mental Illness?  Probation:  First Name  City  Curity #:  Secondary Charge:	Prior Felony (  Driver's License #:  Cil #  Substance Used:  Criminal History?  Prior Felony (  Driver's License #:  Cil #	M.I.  M.I.  State & Zip Code;  Conviction;  M.I.  M.I.